



**REAL ESTATE/WATER
CHANGE OF ADDRESS AND/ OR OWNER FORM**

Please complete the information below, IN FULL, if you are requesting a change of information as it appears on your tax bill.

1. Old Owner(s) (Print)_____

2. Property Address
(Print)_____

3. Bill Number(s)_____

Please include the Bill Number of each parcel of property you want changed

4. New Owner(s) (Print)_____

First Name

Last Name

5. Mailing Address of Owner(s)
(Print)_____

If different from property address

7. Date of Sale _____

6. Signature_____ Tel. No._____

Owner of Record Only

Mail To:

Office of the Tax Collector
Town of Arlington
P. O. Box 210
Arlington, MA 02476

Office hours: Monday – Wednesday 8A.M. to 4P.M., Thursday 8A.M. to 7P.M., Friday 8A.M. to NOON